

**APPLICATION FOR RECOGNITION OF PROGRAM OFFICIALS
IN RADIATION THERAPY
FORM 102T**

Sponsoring Institution: _____ **Program #** _____

Program Officials (Check one)

- | | | |
|---|----------------|------------------|
| <input type="checkbox"/> Program Director | _____ | _____ |
| | E-mail address | telephone number |
| <input type="checkbox"/> Clinical Coordinator | _____ | _____ |
| | E-mail address | telephone number |
| <input type="checkbox"/> Clinical Supervisor | _____ | _____ |

Name of Appointee: _____

Clinical Education Setting(s) (if applicable): _____

Business Address: _____

Copies of the following must be attached:

- **Current** curriculum vitae/resume documenting compliance with **Standard Six - Objective 6.1**. Documentation of professional experience must, at a minimum, contain the following:
 1. Locations of employment in the professional discipline.
 2. Month and year for start and end of employment at the identified location(s).
 3. Titles of positions held during professional employment.
- **Current** ARRT registration documentation or unrestricted state license in the appropriate discipline. The program may obtain this information from www.arrt.org. Print the "ARRT Identification" page.
- Documentation (copy of the degree or an official transcript) of baccalaureate or higher degree(s).
(Although not required for clinical supervisors, the JRCERT database will reflect degrees only upon submission of appropriate documentation. If degree documentation is not received for a clinical supervisor, it will be assumed that the program does not wish to have the degree noted.)

JRCERT Staff Review _____ Date _____

Currently identified on JRCERT database

Curriculum vitae and other materials document compliance with **Standard Six - Objective 6.1**

Designate as acting (request a progress report for program directors and clinical coordinators only)